

## INDIVIDUAL DISCLOSURE INFORMATION

Name of Provider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NPI: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

If you answer yes to any of the questions on this form, an explanation is required; please provide details. Attach additional sheets if necessary.

### Licensure

1. Is your license currently suspended or restricted? If yes, please fully explain the details including dates, the state where the incident occurred and any adverse action against your license.

☐ Yes ☐ No

2. Has any action ever been taken against your license or certification, by any state or certification board?

☐ Yes ☐ No

3. Have there ever been any changes to your license, registration or certification for reasons other than name change due to marriage or divorce?

☐ Yes ☐ No

### Affiliations

4. Has any action ever been taken against your medical privileges or any other associations, by any hospital, healthcare institution or governing board?

☐ Yes ☐ No

5. Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?

☐ Yes ☐ No

6. Has an agent, managing employee or person/entity with ownership/controlling interest of 5% or more of this business ever been convicted of a felony or misdemeanor for fraud/abuse in a government program, been found liable for fraud/abuse in a civil proceeding or entered into a settlement in lieu of conviction of fraud/abuse? If yes, give their name(s) and their relationship to you.

☐ Yes ☐ No

7. Have you ever been terminated or not renewed your enrollment, or subject to any disciplinary action by any healthcare organization or licensing agency?

☐ Yes ☐ No

## Certifications

8. If you are board certified, has your board certification ever been suspended or terminated?
- ☐ Yes ☐ No ☐ N/A
9. If you are board certified, have you ever chosen to terminate your board certification while under investigation?
- ☐ Yes ☐ No ☐ N/A
10. Has any action ever been taken against your federal or state controlled substance certifications or authorizations?
- ☐ Yes ☐ No

## Governmental Programs

11. Has any action ever been taken against you during your participation in, or have you ever been excluded, suspended, sanctioned, or debarred from, any federal or state governmental healthcare program? If yes, please fully explain the details including dates, the state where the incident occurred and any adverse action against your license.
- ☐ Yes ☐ No

## Investigations

12. Have you ever been the subject of an investigation by any healthcare organization or military agency, related to your performance of medical duties, for any action that qualifies as fraudulent activities?
- ☐ Yes ☐ No
13. Are you aware of any information being reported regarding your performance as a medical practitioner, to any public medical malpractice reporting agency?
- ☐ Yes ☐ No
14. Have you ever been under investigation by any state or federal regulatory agencies?
- ☐ Yes ☐ No
15. Have you ever been convicted, or are you currently under investigation, by any licensing authority, law enforcement agency or any other entity for any legal misconduct?

## Convicted Means that:

- 1) A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:

- a) There is a post trial motion or appeal, or
  - b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;
- 2) A Federal, State or local court has made a finding of guilt against an individual or entity;
- 3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or
- 4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.
- If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license.

☐ Yes ☐ No

### **Liability**

16. Has any action been taken against your professional liability coverage within the last 5 years based on your history of medical practice?

☐ Yes ☐ No

17. Have you had an adverse professional liability action within the last 5 years?

☐ Yes ☐ No

### **Legal History**

18. Have you ever been convicted or plead guilty to a felony or misdemeanor (excluding minor traffic citations)?

#### **Convicted Means that:**

1) A judgement of conviction has been entered against an individual or entity by a Federal, State or local court, regardless of whether:

- a) There is a post trial motion or appeal, or
- b) The judgement of conviction or other record related to the criminal conduct has been expunged or otherwise removed;

2) A Federal, State or local court has made a finding of guilt against an individual or entity;

3) A Federal, State or local court has accepted a plea of guilty or nolo contendere by an individual or entity; or

4) An individual or entity has entered into participation in a first offender, deferred adjudication, or other program or arrangement where judgement of conviction has been withheld.

If yes, please fully explain the details including dates, the state where the incident occurred, and any adverse action against your license.

☐ Yes ☐ No

19. Do you have any outstanding criminal fines, restitution orders, or overpayments identified in this state or any other state?

☐ Yes ☐ No